HOW TO APPROVE A FREE AND REDUCED PRICE APPLICATION

South Dakota Child and Adult Nutrition Services

Department of Education

P: (605) 773-3413 F: (605) 773 6846

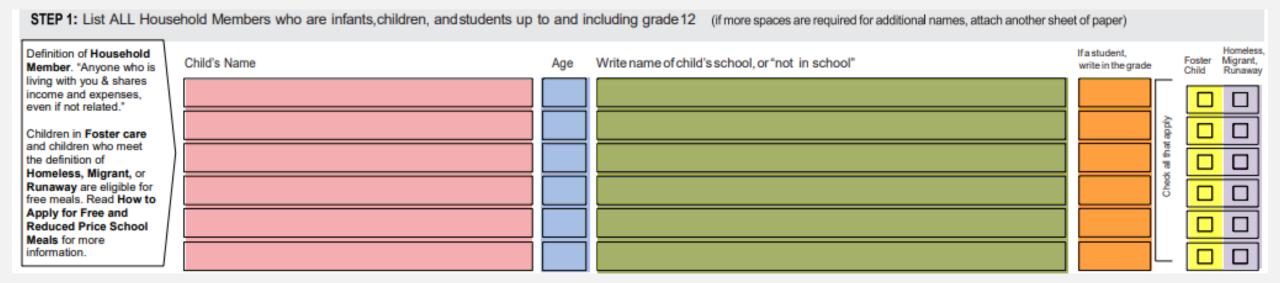
Email: DOESchoolLunch@state.sd.us

May 2019



STEP I: CHECKING THE APPLICATION FOR COMPLETION IN STEP I

- The application is broken out into different sections for the Determining Official's (D.O.) convenience.
- In Step I it is important to check that the child's first and last name is completed along with the age, name of school, and grade.
- In this step the D.O. will look to see if the family has checked the boxes for Foster child or Homeless, Migrant, Runaway.
- If the child is marked as Foster Child the D.O. is required to accept that status at face value.
- If the child is marked as Homeless, Migrant, Runaway the D.O. is required to verify this information with the districts Homeless Liaison.



STEP I: CHECKING THE APPLICATION FOR COMPLETION IN STEP 2

- In Step 2 the D.O. will check to see if the household has listed a case number from the Department of Social Services.
 - This case number can be from SNAP, TANF, or FDPIR, but NOT Medicaid.
 - This case number typically stars with a 0 and is 9 digits long.
 - There are rare circumstances when the case number does not start with a 0. We encourage you to validate these case numbers for accuracy.
- If the household lists a case number here they are not required to complete step 3. You can move to step 4.

STEP 2: Do any Household Members (includ	EP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? (NOT Medicaid)											
,		Case Number:										
If you answered NO > Complete STEPS 3 and 4.	If YES > Write your 9-digit SNAP, TANF, or FDPIR case number here then go to STEP 4 (Do not complete STEP 3)											
	(2011)											

STEP I: CHECKING THE APPLICATION FOR COMPLETION IN STEP 3

- In Step 3 the D.O. will check to make sure the first and last names of each adult household member is completed.
 - The household must list every adult in the home regardless of relationship.
- The D.O. will then check to see if the adults list any income.
 - If they list income, then check to make sure the family has listed their income frequency. Please take note that there are five different areas where the family could list income and income frequency. Two of those places are for child income only.
 - If the family leaves the income frequency blank, the D.O. should take that to mean their income is 0. They are **not** required to write in this area.



STEP I: CHECKING THE APPLICATION FOR COMPLETION IN STEP 3

- The D.O. will then check to make sure the family listed the **Total Household Members** and **last four digits of the Social Security Number (SSN)** of the adult completing the application. If the adult does not have a SSN they are required to check the **Check if no SSN** box.
 - If no SSN is listed and the No SSN box is not checked, the application is then considered incomplete and cannot be approved until that information is received.

						wine by decisioning	une en una apacia.
STEP 3: Report Income	for ALL Household Members (5	Skip this step if you a	nswered 'Yes' to STEP 2)				
Are you unsure what income to include here?	A. Child Income Sometimes children in the household earn orreal children listed in STEP 1 here.	ooive income. Please in	nclude the TOTAL income rece	ived by Child	How oft income Weekly B-Weekly 2		How often? Weekly Bi-Weekly 2x/Month Monthly
Flip the page and review the charts titled "Sources of Income" for	B. All Adult Household Members (includi List all Household Members not listed in STE in whole dollars only. If they do not receive	EP1(including yourse	urce, write '0'. If you enter '0'		ink, you are certifying (promis		to report.
more information.	Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly Bi-Weekly 2x Month Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly BI-Weekly 2xMonth Monthly	Farming/ Pensions/ Retirement/Other Income	How often? Weekly Bi-Weekly 2x Month Monthly Annually
The "Sources of Income for Children"		\$	0 0 0 0	\$	0000	\$	00000
chart will help you with the Child Income		\$	0 0 0 0	\$	0000	s	0 0 0 0 0
section.		\$	0 0 0 0	\$	0000	•	0 0 0 0
The "Sources of Income for Adults"		\$	0 0 0 0	\$	0 0 0 0		0 0 0 0
chart will help you with the All Adult Household		\$	0000	\$	0000	\$	0 0 0 0 0
Members section.	Total Household Members (Children and Adults)		of Social Security Number(SS arner or Other Adult Household		x X X	Check if no SSN	

STEP I: CHECKING THE APPLICATION FOR COMPLETION IN IN STEP 4

- In Step 4 the D.O. will check to make sure the household's, printed name of adult, signature of adult, and date of signature is completed.
 - The Address, Daytime Phone number and email are optional, and not required to be completed.
- If the application is not signed, the D.O. must return the application to the household to be signed. An eligibility determination cannot be made until the signature is received.

STEP 4 : Contact information and adult signate	ure.			
"I certify (promise) that all information on this ap may verify (check) the information. I am aware the				ection with the receipt of Federal funds, and that school officials ed under applicable State and Federal laws."
OPTIONAL		OPTIONAL	OP TIONAL	OPTIONAL
Street Address (if available)	Apt#	City	State Zip	Daytime Phone and Email (optional)
Printed name of adult completing the form		Signature of adult completing the form		Today's date

STEP I: CHECKING THE APPLICATION FOR COMPLETION RACIAL AND ETHNIC

- On the back side of the application, the next section the D.O. should pay close attention to is the Children's Racial and Ethnic information. While the parents/guardians are not required to complete this section, the D.O. is required to complete it when the parent does not.
 - The Parent/Guardian or D.O. should only pick one ethnicity, but is able to select multiple Races.
 - This was found to be one of the most commonly missed areas on an application during Administrative Reviews.

OPTIONAL: Children's Racial and Ethnic			
We are required to ask for information about your children's race and ethnicity. This information are required to ask for information about your children's race and ethnicity. This information is optional and does not affect your children's eligibility for selected for you based on visual observation.	· · · · · · · · · · · · · · · · · · ·	, ,	
Ethnicity (check one): □ Hispanic or Latino □ Not Hispanic or Latino Race (check one or more): □ American Indian or Alaskan Native □ Asian	□ Black or African American	□ Native Hawaiian or Other Pacific Islander	□ White

CIVIL RIGHTS

- The D.O. does not need to complete anything in this section, but should be aware of the complaint procedure in the event that the school were to receive a Civil Rights complaint regarding the schools operation of the National School Lunch Program.
- Please read this section thoroughly, and make sure staff are aware that they are not to handle these complaints internally. Staff should instruct the complainant to complete the USDA Program Discrimination Complaint Form found at the website listed in this section. The complainant then needs to file the complaint themselves. Staff at the LEA should not be handling, or investigating, the complaint unless otherwise instructed by USDA.
 - Incorrect handling of the Civil Rights Complaint procedure was found to be a commonly overlooked area during Administrative Reviews.

Civil Rights: Information if you have a complaint

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

ax: (202) 690-7442; or

mail: program.intake@usda.gov

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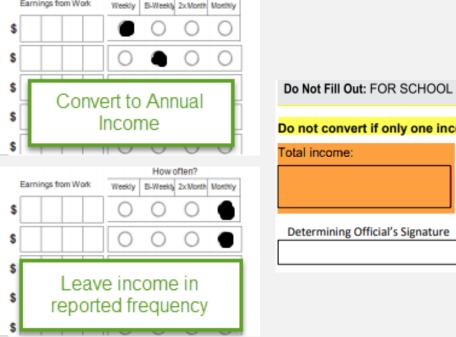
STEP 2: ELIGIBILITY DETERMINATION

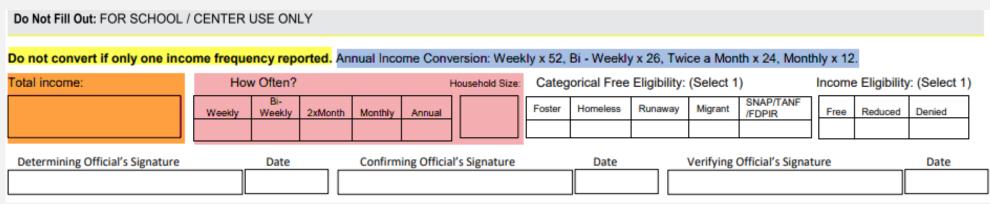
- The next step for completing a Free and Reduced Price Meal Application is to determine the household's income.
- When completing this step the D.O. should refer to the front of the application where income frequency and case numbers are listed.
 - If the household reported a SNAP, TANF, or FDPIR case number, the child(ren) are Foster, or the child(ren) are determined to be Homeless, Migrant, Runaway, the D.O. will not complete the income section. The D.O. will then mark the child as Categorical Free Eligibility and indicate which category is applicable.

Do Not Fill Out: FOR SCHOOL / CENTER USE ONLY															
to not convert if only one income frequency reported. Annual Income Conversion: Weekly x 52, Bi - Weekly x 26, Twice a Month x 24, Monthly x 12.															
Total income:	Ho	w Often?				Household Size:	Categ	orical Free	ity: (Select 1	ty: (Select 1) Income Eligibil					
	Weekly	Bi- Weekly	2xMonth	Monthly	Annual		Foster	Homeless	Runaw	ay Migrant	SNAP/TANF /FDPIR	Free	Reduced	Denied	
Determining Official's Signature		Date		Confirm	ing Officia	al's Signature	Date			Verifying (Official's Signa	ture		Date	

STEP 2: ELIGIBILITY DETERMINATION CONTINUED

- If the child is not Categorically eligible the D.O. will then make a determination based on the household's income.
 - If the household reports one income frequency, the D.O. will leave all income in that frequency and list it in the Total Income box.
 - If the household reports that income is coming into the home at multiple frequencies, the D.O. will convert all income to annual and list the total in the Total Income box. The instructions for converting income to annual are listed at the top of this section.





STEP 3: MARKING AN ELIGIBILITY DETERMINATION

- Once the household's income or categorical eligibility has been determined the D.O. is then able to make an eligibility determination for the children in this household.
- The D.O. will make the eligibility determination based on the current years Income Eligibility Guidelines.
 - The new Income Eligibility Guidelines are issued by United States Department of Agriculture (USDA) in the summer before each upcoming school year. The Child and Adult Nutrition Services (CANS) office will post them on their website and notify LEA's.

Do Not Fill Out: FOR SCHOOL / CENTER USE ONLY																		
o not convert if only one income frequency reported. Annual Income Conversion: Weekly x 52, Bi - Weekly x 26, Twice a Month x 24, Monthly x 12.																		
Total income:		Hov	v Often?				Ho	ousehold Size:	sehold Size: Categorical Free Eligibility: (Select 1) Income Eligi							Eligibility	y: (Select 1)	
		Weekly	Bi- Weekly	2xMonth	Monthly	Annual				Foster	Homeless	Runaw	ay Migrant	SNAP/TANF /FDPIR	Fi	ree	Reduced	Denied
Determining Official's Signature		Confirming Official's Signature Date								Verifying	Official's Signa	ture			Date			

STEP 3: MARKING AN ELIGIBILITY DETERMINATION CONTINUED

- Once the eligibility determination has been made, the D.O. must sign and date the application.
 - Benefits cannot be issued to the children on the application until this step has been completed.
- If a Confirmation Review takes place, the Confirming Official (C.O.) will sign and date once the review is completed.
 - A Confirmation Review will only take place if an application is selected for Verification. The C.O. should not be reviewing every application that the school receives.
- If the household is selected for Verification for Cause or Verification, the **Verifying Official (V.O.)** will sign and date once the review is completed.

												LL	F				
Oo Not Fill Out: FOR SCHOOL / CENTER USE ONLY																	
o not convert if only one income frequency reported. Annual Income Conversion: Weekly x 52, Bi - Weekly x 26, Twice a Month x 24, Monthly x 12.																	
Total income:		Hov	v Often?			Household Size: Categorical Free Eligibility: (Select 1) In										e Eligibility	y: (Select 1)
		Weekly	Bi- Weekly	2xMonth	Monthly	Annual][For	ster	Homeless	Runaway	Migrant	SNAP/TANF /FDPIR	Free	Reduced	Denied
] [
Determining Official's Signature	mining Official's Signature Date				Confirming Official's Signature					Date			Verifying		Date		

NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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(I) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov.

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Key Area 3 - Eligibility (3110)

3110: USDA Requirements (15 minutes)

Your Name:

Date of Training:

